



Medicare Coverage Outside the U.S.

Medicare coverage is limited outside the United States

In most situations, Medicare won't pay for health care or supplies that you get outside the United States (U.S.). This fact sheet explains some basic rules for coverage outside the U.S. under the Original Medicare Plan.

What do we mean by “outside the U.S.”?

When we say “U.S.,” this includes the 50 states of the U.S., the District of Columbia, and the U.S. territories (Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands). “Outside the U.S.” means *anywhere other than* these places.

Will Medicare pay for health care I receive from a cruise ship's medical office?

Medicare coverage for health care you get on a cruise ship is very limited.

In general, Medicare doesn't cover health care services you get on a cruise ship. There are two exceptions where health care services on a cruise ship might be covered:

1. Medicare might pay for *medically necessary* services on a cruise ship if **both** of these conditions are met:
 - The doctor is allowed under certain laws to provide medical services on the cruise ship.
 - The ship is in a U.S. port or it is no more than six hours away from a U.S. port when you get the services.
2. Medicare might pay for health care services you get from a ship's doctor if you are admitted to a U.S., Canadian, or Mexican hospital for a Medicare-covered emergency stay.

To be covered in this situation, the ship's doctor must have given you emergency services while the ship was in waters outside the U.S. and on that same day you were admitted to a U.S., Canadian, or Mexican hospital.

Your hospital stay must be covered under Medicare (see page 2). The service of the ship's doctor must be for the same condition for which you were admitted to the hospital. Medicare doesn't cover health care services you get in other situations on a cruise ship.

What if a Canadian or Mexican hospital is closer than a U.S. hospital?

In three situations, Medicare might pay for certain types of health care and services you get at a Canadian or Mexican hospital. This happens **only** if the Canadian or Mexican hospital is closer or easier to get to than any hospital in the U.S.

1. **You *live* in the U.S. near the Canadian or Mexican border, and you need *emergency or non-emergency* medical treatment.** If a Canadian or Mexican hospital is closer or easier to get to from your home than the nearest U.S. hospital that can treat your condition, Medicare might pay.
2. **You are in the U.S. when you have a medical *emergency*.** If a Canadian or Mexican hospital is closer or easier to get to than the nearest U.S. hospital that can treat your emergency, Medicare might pay.
3. **You are crossing through Canada without delay on the *most direct route* between Alaska and another state, and you have a medical emergency.** If a Canadian hospital is closer or easier to get to than the nearest U.S. hospital that can treat your emergency, Medicare might pay. In this situation, “most direct route” means that the main purpose of your travel through Canada is to get from one part of the U.S. to another.

What kinds of services are covered in these three situations described above?

If you have Medicare Part A and Part B under the Original Medicare Plan, the following Medicare-covered services are covered:

- **Inpatient hospital care** (care you get when you have been admitted to the hospital as an inpatient).
- **Doctors’ services** that you get during your covered inpatient hospital stay. If you get doctors’ services outside of the hospital, Medicare generally won’t pay for these services. Medicare might pay if you get these services on the same day you are admitted to the hospital **and** the services are for the same condition for which you were admitted to the hospital.
- **Ambulance services** to get you to the hospital in an emergency situation. Medicare will only cover ambulance services for the trip to the hospital if you are admitted to the hospital. Return trips aren’t covered.

If you only have Medicare Part A, then you will only get inpatient hospital care.

Remember, Medicare will only pay for their share of the costs for the services in the Original Medicare Plan. You may have to pay for deductibles, coinsurance, or copayment.

What do I pay if I receive Medicare-covered services outside the U.S.?

- For Medicare-covered services or supplies, you pay the part of the charge that you would normally pay when you get services or supplies inside the U.S. Usual deductible and coinsurance amounts apply to doctor and ambulance services you get outside the U.S.
- Generally, you must pay all of the cost for health care services you get outside the U.S. except in the situations described on pages 1 and 2.
- Although hospitals in the U.S. must submit claims to Medicare on your behalf, foreign hospitals don't have to. If you were admitted to a Canadian or Mexican hospital and they chose not to submit claims to Medicare on your behalf, then **you** must submit an itemized bill to Medicare for doctor and ambulance services you received.

What if I use oxygen or need durable medical equipment while traveling outside the U.S.?

If you are traveling outside of the U.S., Medicare covers oxygen and durable medical equipment (DME) if Medicare requirements are met. To learn more about these requirements, call your Durable Medical Equipment Carrier before you travel outside the U.S. To get their telephone number, call 1-800-MEDICARE (1-800-633-4227). However, Medicare won't pay for the delivery of these items to you if you are outside of the U.S.

Will Medicare cover my dialysis when I travel outside the U.S.?

In most cases, Medicare doesn't cover dialysis when you travel outside the U.S.

What if I get my health care in a Medicare + Choice Plan rather than the Original Medicare Plan?

Your plan may offer some additional coverage for care you get outside the U.S.

Check with your plan to see what is covered if you get health care outside the U. S.

What if I have a Medigap (Medicare Supplement Insurance) policy?

Your Medigap (Medicare Supplement Insurance) policy may offer some additional coverage for health care you receive outside the U.S.

A Medigap policy is a health insurance policy sold by private insurance companies to fill “gaps” in the Original Medicare Plan coverage. In all states, except Massachusetts, Minnesota, and Wisconsin, a Medigap policy must be one of ten standardized policies so you can compare them easily. Some Medigap policies cover health care outside the U.S. Medigap plans C, D, E, F, G, H, I, and J provide Foreign Travel Emergency health care coverage when you travel outside the U.S. Under these plans, Medigap policies pay for 80% of the cost of medically necessary emergency care during the first 60 days of each trip, after you meet a \$250 deductible each year. Foreign Travel Emergency coverage with Medigap policies has a lifetime limit of \$50,000.

If you have a Medigap policy, call your insurance company or your insurance agent to fully understand how your Medigap coverage works before you travel outside the U.S. To learn more about Medigap policies, get a free copy of the *Guide to Health Insurance for People with Medicare: Choosing a Medigap Policy* (CMS Pub. No. 02110) by looking at www.medicare.gov on the web. Select “Publications.” You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

You can buy travel insurance to help cover costs

Because Medicare has limited coverage of health care services outside the U.S., you can buy a travel insurance policy to get more coverage when you travel. You can get information about travel insurance from an insurance agent or a travel agent. Be sure the travel insurance you buy covers health care services and emergency evacuation. Read the conditions or restrictions carefully.

Do you have questions or need more information?

- Visit www.medicare.gov on the web.
- Call 1-800-MEDICARE (1-800-633-4227).
Note: You can't call 1-800-MEDICARE from outside the U.S.
- TTY users should call 1-877-486-2048.